

TOWN OF NEEDHAM

TUITION REIMBURSEMENT POLICY #501

1. PURPOSE AND SCOPE

The purpose of this policy is to set guidelines enabling employees to further their work-related educational pursuits.

2. APPLICABILITY

This policy applies to all non-represented employees in Town Service, exclusive of those employees under the supervision and control of the School Committee or the Trustees of the Glover Memorial Hospital, whose employment is full-time or permanent part-time.

3. DEFINITIONS

Refer to the Glossary of terms in the Personnel Policy manual for commonly used words and phrases.

4. POLICY

At the discretion and prior approval of the Appointing Authority, employees may be reimbursed for certain tuition expenses which are work-related and which are obtained at an accredited college or university up to \$500 per course and \$1,500 per fiscal year (excluding books and materials).

5. PROCEDURES

- A. Upon Personnel Board approval, such employees may be reimbursed for an amount over and above \$500 per course, up to the \$1500 per fiscal year limit.
- B. Such reimbursement shall be made at the completion of the course (s) and shall be dependent on the employee's receiving a passing grade for the course.
- C. Such reimbursement shall be subject to appropriation.
- D. Such courses must be certified as work-related in advance by the Appointing Authority and approved by the Personnel Director prior to payment.

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Certification of Work-related Status – Tuition Reimbursement

Request is hereby made for Tuition Reimbursement:

Name of Course (s) : _____

College/University: _____

Level: Graduate Undergraduate (circle one)

Semester: Fall Spring Summer (circle one)

Why is this course work-related?

Anticipated cost of course (s) : _____

Tuition Reimbursement Amount Requested: _____

I hereby certify that the above information is true.

Employee's Signature

Date

I hereby certify that the course (s) listed above are work-related.

Signature of Department Head

Date

Signature of Appointing Authority

Date

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Approved _____ Not Approved _____

Approved ____ Not Approved _____

Signature of Personnel Director

Chairman, Personnel Board (if over \$500)

Cc: Town Comptroller

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